

**PROVIDER-RELATED DONATIONS AND
HEALTH CARE RELATED TAXES, FEES AND ASSESSMENTS RECEIVED UNDER PUBLIC HEALTH LAW 102-334 BY**

New York State Department of Health

(Print or type name of agency)

FOR THE QUARTER ENDED

MARCH 31, 2026

CODE	NAME OF TAX/ASSESSMENT PROGRAM	ST. CITE	PROVIDER/SERVICE CLASS (42 CFR)	AMOUNT
1	Bad Debt and Charity Care and Capital Statewide Pool Assessment	PHL 2807-c(18)	Inpatient Hospital Services	143,377,223.00
1	Bad Debt and Charity Care Regional Allowance	PHL 2807-c(14) & (16)	Inpatient Hospital Services	0.00
1	Patient Services Payments	PHL 2807-j	Inpatient Hospital Services	640,547,705.33
1	Patient Services Payments	PHL 2807-j	Outpatient Hospital Services	616,023,366.95
1	Patient Services Payments	PHL 2807-j	Ambulatory Surgical Center Services	30,530,238.15
1	Patient Services Payments	PHL 2807-j	Diagnostic and Treatment Centers	36,430,070.53
1	Patient Services Payments	PHL 2807-j	Clinical Laboratories	0.00
1	Patient Services Payments	PHL 2807-s	Inpatient Hospital Services	723,317.00
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (6.0%)	157,327,398.24
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (5.0%)	16,866.02
1	Health Facility Cash Assessment Program	PHL 2807-d	Inpatient Hospital Services (.35%)	97,281,246.00
1	Health Facility Cash Assessment Program	PHL 3614-a & b	Home Health Care Services (.35%)	2,092,668.68

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1	Health Facility Cash Assessment Program	PHL 3614-a & b	LT Home Health Care Services (.35%)	153.00
5	Health Facility Cash Assessment Program	Social Services Law 367-i	Personal Care Providers (.35%)	943,062.67
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	LT Home Health Care Services (.7%)	0.00
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	Nursing Facility Services (.8%)	20,975,331.96
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.4%)	0.00
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.2%)	0.00
1	Hospital Quality Contribution Report	PHL 2807-d-1	Inpatient Hospital Services (1.6%)	15,997,402.00
1	Managed Care Organization Provider Tax	PHL 2807-ff	Services of Managed Care Organizations	526,364,858.50
	Total			2,288,630,908.03

I certify that this report represents a true and accurate statement of actual cash revenues collected by the above agency during the quarter described above.

Dated: _____ Signature: _____ Title: _____

Codes: 1 – Permissible